DATE	:03/29/10	
TO SPE OF	: ART UNIT	
SUBJECT	: Request for Certificate of Corre	ection for Appl. No.: 10596048 Patent No.: 7603199
Please respons	and to this request for a ce	ertificate of correction within 7 days.
FOR IFW FI	LES:	
IFW applicat	•	corrections as shown in the COCIN document(s) in the r should be introduced, nor should the scope or
	plete the response (see be ent code COCX .	low) and forward the completed response to scanning
FOR PAPER	R FILES:	
		corrections as shown in the attached certificate of (see below) and forward it with the file to:
Rand Palm	icates of Correction Bra olph Square 9D40-D Location 7580 the Directors/SPE respo	inse to 571-270-9990
		Lamonte Newsome
		Certificates of Correction Branch
Thank You	For Your Assistance	Certificates of Correction Branch
The request		Certificates of Correction Branch
The request	for issuing the above-ic	Certificates of Correction Branch 703-756-1574
The request	for issuing the above-ic on the appropriate box.	Certificates of Correction Branch 703-756-1574 dentified correction(s) is hereby:
The request	for issuing the above-ic on the appropriate box.	Certificates of Correction Branch 703-756-1574 dentified correction(s) is hereby: All changes apply
The request Note your decision	for issuing the above-ic on the appropriate box. Approved Approved in Part Denied	Certificates of Correction Branch 703-756-1574 dentified correction(s) is hereby: All changes apply. Specify below which changes do not apply.
The request Note your decision	for issuing the above-ic on the appropriate box. Approved Approved in Part Denied	Certificates of Correction Branch 703-756-1574 dentified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.
The request Note your decision	for issuing the above-ic on the appropriate box. Approved Approved in Part Denied	Certificates of Correction Branch 703-756-1574 dentified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.
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